

U.S. District Court for the District of New Jersey
In re: Philips/Magnavox Television Litigation
Civil Action No. 09-3072

**PHILIPS AND MAGNAVOX PLASMA TV
SETTLEMENT**

**Must be Postmarked by
February 28, 2012**

PROOF OF CLAIM FORM

INSTRUCTIONS

1. If you would like to receive a voucher(s) or refund check, you must complete this Claim Form.
2. You must file a separate Proof of Claim Form for each qualifying Philips or Magnavox television ("Philips Plasma TVs") model that you purchased.
3. A list of qualifying models and manufacture dates are listed in the Purchase Information Section on the top of page 2. For instructions on how to identify the serial number on your Philips Plasma TV, visit the Settlement Website at www.PhilipsPlasmaTVSettlement.com or call Toll Free at 1-855-477-4407.
4. Your Claim Form must be postmarked by February 28, 2012.
5. You must complete the information on section I, II or III for the qualifying Philips Plasma TV for which you are filing a claim.
6. You must sign and date the declaration on page 4.
7. Please return your Claim Form postmarked no later than February 28, 2012, to:

By Mail: Philips Plasma TV Settlement
c/o Dahl, Inc.

P.O. Box 2061

Faribault, MN 55021

By Email: claims@PhilipsPlasmaTVsettlement.com

8. QUESTIONS? Visit the settlement website at www.PhilipsPlasmaTVsettlement.com or call toll-free 1-855-477-4407.

CLASS MEMBER INFORMATION

Glenda

X

MIDDLE INITIAL

FIRST NAME OF SETTLEMENT CLASS MEMBER

Alvarenga

LAST NAME OF SETTLEMENT CLASS MEMBER

4010 2nd St W

MAILING ADDRESS

Lehigh Acres

FL

33971

ZIP CODE

CITY

239 240

2212

239

245

2387

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

caraaalvarenga@yahoo.com

EMAIL ADDRESS

50MF231D137

TELEVISION MODEL NUMBER

RAIB0637001710

TELEVISION SERIAL NUMBER

QUALIFYING PHILIPS PLASMA TV MODELS AND SERIAL NUMBERS

YOU SHOULD USE THIS CLAIM FORM ONLY IF YOU PURCHASED OR RECEIVED AS A GIFT A NEW PHILIPS OR MAGNAVOX PLASMA TELEVISION THAT IS ONE OF THE FOLLOWING MODELS AND HAS A SERIAL NUMBER REFLECTING A MANUFACTURING DATE OF NOV. 1, 2005 THROUGH DEC. 31, 2006.

Model number from the Philips Plasma TV for which you are filing a Proof of Claim Form (Mark One):

<input type="radio"/> 50PF9830A/37	<input type="radio"/> 50PF9731D/37	<input type="radio"/> 50PF9631D/37	<input type="radio"/> 50PF9630A/37
<input type="radio"/> 50PF9431D/37	<input type="radio"/> 50PF7321D/37	<input type="radio"/> 50PF7320A/37	<input type="radio"/> 42PF9630A/37
<input type="radio"/> 42PF7321D/37	<input type="radio"/> 42PF7320A/37	<input type="radio"/> 42PF7220A/37	<input type="radio"/> 42PF5321D/37
<input checked="" type="radio"/> 50MF231D/37	<input type="radio"/> 50PF7220A/37		

For instructions on how to identify the serial number on your Philips Plasma TV, visit the Settlement Website at www.PhilipsPlasmaTVSettlement.com or call Toll Free at 1-855-477-4407.

CLAIM TYPE

Mark one of the following options:

- My Philips Plasma TV did not exhibit a problem with the capacitors.
- My Philips Plasma TV failed as a result of a failed power supply board or a damaged or non-functioning capacitor, and I chose not to have it repaired.
- I paid for replacement of the power supply board or a damaged or non-functioning capacitor on the power supply board in my Philips Plasma TV.

If marked, complete Section I, and the Declaration on page 4.

If marked, complete Section II, and the Declaration on page 4.

If marked, complete Section III, and the Declaration on page 4.

SECTION I – NO CAPACITOR PROBLEM

If you purchased or received as a gift a new Philips Plasma TV and it did not exhibit a problem with capacitors on the power supply board, you should provide answers to each statement below.

1. I purchased (or received as a gift) the new Philips Plasma TV for which I am submitting a claim on or about the following date: _____ / _____ / _____
2. I have attached proof of purchase of the Philips Plasma TV for which I am submitting a claim (acceptable proof includes a store receipt or warranty registration). YES NO
3. I still own the Philips Plasma TV for which I am submitting this claim. YES NO
4. I have never previously obtained any refund or other compensation from any Philips-related entity or any retailer in connection with the Philips Plasma TV for which I am submitting a claim. YES NO

SECTION II – CAPACITOR PROBLEM NOT REPAIRED

If you purchased or received as a gift a new Philips Plasma TV, your Philips Plasma TV failed, and you chose not to repair it, you should provide answers to each statement below.

1. I purchased (or received as a gift) the new Philips Plasma TV for which I am submitting a claim on or about the following date: 11/24/06
2. I have attached proof of purchase of the Philips Plasma TV for which I am submitting a claim (acceptable proof includes a store receipt or warranty registration). YES NO
3. My Philips Plasma TV failed because the screen would not show.
4. I contacted Philips regarding this problem with my Philips Plasma TV. YES NO

If Yes, I contacted Philips via: Phone Email Mail Other (describe) _____

5. I have never previously obtained any refund or other compensation from any Philips-related entity or any retailer in connection with the Philips Plasma TV for which I am submitting a claim. YES NO

SECTION III – PAID FOR REPAIR TO CAPACITOR OR POWER SUPPLY BOARD

If you purchased or received as a gift a new Philips Plasma TV and paid for the replacement of the power supply board or a damaged or non-functioning capacitor on the power supply board, you should provide answers to each statement below.

1. I purchased (or received as a gift) the new Philips Plasma TV for which I am submitting a claim on or about the following date: _____
2. I have attached proof of purchase of the Philips Plasma TV for which I am submitting a claim (acceptable proof includes a store receipt or warranty registration). YES NO
3. I paid for replacement of the power supply board or a damaged or non-functioning capacitor on the power supply board for my Philips Plasma TV YES NO

If Yes: Date Paid: _____ Amount Paid: \$ _____

4. I have attached proof that I paid for the replacement of the power supply board or a damaged or non-functioning capacitor on the power supply board (acceptable proof includes your repair store receipt and proof of payment of the amount identified on that receipt). YES NO
5. I contacted Philips regarding this problem with my Philips Plasma TV. YES NO

If Yes, I contacted Philips via: Phone Email Mail Other (describe) _____

6. I have never previously obtained any refund or other compensation from any Philips-related entity or any retailer in connection with the Philips Plasma TV for which I am submitting a claim. YES NO

7. If you are eligible for Settlement benefits under this Section III, you may choose from a Voucher or a cash distribution. You must select one of the options below to indicate the form of the benefit you choose. You should visit the Settlement website, www.PhilipsPlasmaTVsettlement.com, for information regarding the type and value of the benefits you may be entitled to receive prior to making this election. **If you select the option below to receive a cash payment, you acknowledge that the amount of your cash payment may be less than the value of the Voucher you could receive under the Proposed Settlement.**

CHECK ONLY ONE OF THE FOLLOWING OPTIONS:

I elect to receive my Settlement benefits in the form of a Voucher.
 In lieu of a Voucher, I elect to receive a cash payment.

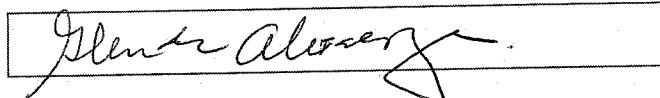
DECLARATION

I declare, under penalty of perjury under the laws of the United States that all the information submitted on this claim is true and correct to the best of my knowledge.

PRINT NAME

GLEND A ALVARENGA

SIGNATURE



DATE

01 19 12

